

DEFINITIONS:

Special Event Camping Area – A recreational camping area which operates no more than two times annually and for no more than 14 consecutive days.

Public Swimming Pools – any swimming pool other than a private residential swimming pool.

Spa Pool – a public hot water pool intended for seated recreational use.

Individual Water - a private water supply other than a community public water supply.

Individual Sewer - a private sewage treatment system which uses subsurface treatment and disposal.

Late Penalty – additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current year license. **A Special Event Camping Area shall pay a late penalty of \$360 for failing to obtain a license prior to operating.

Notice: You must submit this application and pay all fees BEFORE you begin operation. (MN Statutes, section 157.16)

Plans and specifications for any increase in sites must be submitted to and approved by the regulatory agency before any construction can begin. Please contact this office for plan review information.

Workers Compensation Information

Insurance Company name: _____

Designated Address: _____

Policy #: _____ Date of Coverage: _____ Through _____

I certify that I am not required to carry workers' compensation liability coverage because:

- I am a sole proprietor or partner and I have no employees.
- I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are not covered by the workers' compensation law.
- I represent a nonprofit association which does not pay more than \$1000 in salary or wages in a year.

Fees

Base Fee.....\$150

Special Event Camping Area # of Sites: _____ X \$1 \$ _____

Individual Water or Sewer? Yes Add \$60 _____

Total Fee Calculation \$ _____

*If Late Penalty Applies.....Add \$360

Total Fee Due If Including Late Penalty.....\$ _____

Note:

***Penalty fee due if application received less than 14 days prior to first event.**

****An NSF check to this department will require an additional service charge of \$30 per check as in Minnesota Statutes, Section 604.113, subd.2 (a). Additional civil penalties may be imposed for nonpayment.**

I certify that the information provided on this application is accurate and complete:

Signature: _____ Date: _____

Make checks payable to: Clay County Public Health

For Office Use Only:
Inspector Initials: _____
Check #: _____
Amount: _____
Clay/Wilkin/MDH/Otter Tail